FEB 27 1934

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

3199

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

File No. 858

Registered No. .....

City St Louis (No. 7400 Gravois St. ..... Ward)

2. FULL NAME James Ulysses Manion

(a) Residence, No. ..... St., 2 Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Ollie M. Manion

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 7 1869

7. AGE YEARS 64 MONTHS 6 DAYS 15 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Ret Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. ✓

10. Date deceased last worked at this occupation (month and year) ✓

11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sullivan Mo

FATHER

13. NAME Samuel S Manion

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER

15. MAIDEN NAME Serene Robinson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Nebr

17. INFORMANT (ADDRESS) Mrs Ollie Manion 7400 Gravois Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Valhalla Cem DATE Jan 24 1934

19. UNDERTAKER (ADDRESS) Shaffer Und Co. 429 N. Euclid

20. FILED 1934 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 1, 1933 to Jan 22, 1934

I last saw h. 11 pm alive on 11 pm Jan 22, 1934 Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows:

Myocarditis Chronic

Date of onset

93C

Other contributory causes of importance

Name of operation None Date of .....

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ....., 19.....

Where did injury occur? ✓ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ✓

(Signed) R. Tzell (Gzell), M. D.

(Address) Frisco Bldg

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF VITAL STATISTICS

DEATH

1. DATE OF DEATH (Month, Day and Year)

2. SEX

3. FULL NAME

4. DATE OF BIRTH (Month, Day and Year)

5. AGE (If dead, state age at last birthday)

6. Place of death (Name of hospital or other place)

7. Residence (Street and number, or rural route number)

8. Residence (City or town)

9. County

10. Residence (State)

11. Was death caused by accident, suicide, or homicide?

12. Was death caused by injury while at work?

13. Place of injury (Specify whether on farm, in factory, in home, on public highway, etc.)

14. Date of injury (Month, Day and Year)

15. Hour of injury

16. Did injury result in death within 24 hours?

17. Was injury caused by motor vehicle?

18. Was injury caused by railroad train?

19. Was injury caused by other means of transportation?

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WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

CLOSE OF DEATH in plain sense, so that it may be properly classified. Exact statement of OCCUPATION is very important.